U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



3. Name and address of person filing.

1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

7/1/04 Through: 12/3//04

3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Dennis J Pagliotti	Name BAC LOCAL # / PA/DE		
STANT	Labor Organization File Number 531-788		
STREET 2706 BIACK LAKEPlace	P.O. Box, Building and Room Number, if any		
Steps	Street 2706 Black Lake Place		
City Phila	City Phila		
State ?4 . ZIP Code + 4 /9/5 4	State 3A ZIP Code + 4 1975 4		
5. Position in labor organization. ORGANIZEC / Field Agent			
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or omentary value from an employer whose employees your organization	derived income or other economic benefit of on represents or is actively seeking to represent.		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name BRICK AYOR S LOCAL T PA PERION AND	17 12/8/04. (Meal) Board of TRUSTER Meeting		
P.O. Box, Bldg., Room No., if any Suite 2-A			
Street 103 Township Live Kd.	7.b. Amount. 38.00		
City ZenlCinTown			
Stale PA. ZIP Code + 4 19046			
Signature De Colonia			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
Signed Den Paylith	On 8/8/05 2/5 - 852 - 2762 Date Telephone Number		
Form LM-30 (2003)			

Name of Person Filling Dennis Pagliotti		File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oth of an employer whose employees your labor organization represents or is at (2) any part of which consists of buying from or selling or leasing directly or it dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the busines ctively seeking to represent, or adjrectly to, or otherwise	s
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organiza b. Trust c. Employer	tion
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	ng.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value 12.a. Nature of interest held	American approximation of the control of the contro
A-1 May	12.b. Amount.	Links and the second se
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Brick Augusts Beauthi Plans Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 2-A Street 103 Township Line Rd. City Teal Cintown State PA. ZIP Code + 4 19046	or other thing of value. 14.a. Nature of payment. 12/09/84	Christmas GHT#100,— Holiday Dinner AT HOUSE Meeting #73.—
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	B/73.—